Total Number of Pages in This Submission 5

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NB 2004.02

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TRANSMITTAL FORM	Application Number	09/782,721		
	Filing Date	02/12/2001		
	First Named Inventor	H. Michael Shepard		
(to be used for all correspondence after initial filing)	Art Unit	1623		
	Examiner Name	Crane, Lawrence E.		

Attorney Docket Number

ENCLOSURES (check all that apply)								
Fee Transmittal F	Form	☐ Drawing(s)	After Allowance Communication to Group					
Fee Attached	d	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences					
Amendment / Re	ply	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
After Final		Petition to Convert to a Provisional Application	Proprietary Information					
Affidavits/dec	claration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter					
		Terminal Disclaimer	Other Enclosure(s) (please identify below):					
		Request for Refund	Return Receipt Postcard					
Express Abandor	nment Request	CD, Number of CD(s)						
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Certified Copy of Document(s)	Priority	Remarks						
Response to Miss Incomplete Applie								
Response to	Missing							
Parts under 3 1.52 or 1.53	37 CFR							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm	Bingham McCutchen	LLP						
or Individual name	Antoinette F. Konski							
Signature	Matanette	Kowski						
Date	March	Kowski 28, 2005						

CERTIFICATE OF MAILING

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.B. 4818) Complete if Known								
Fees pyrouant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		App	lication Number	09/782,721				
「 FEE TRANSMITTAL [Filin	g Date	02/12/2001			
MAR 3 1 2005 For FY 2005			Fire	Named Inventor	H. Michael Shepard			
Applicant claffns small entity status. See 37 CFR 1.27				miner Name	Crane, Lawrence E.			
E. 35			Art l		1623			
TOTAL AMOUNT OF PAYMENT (\$) 760.00			Atto	rney Docket No.	NB 2004.02			
METHOD OF PAYMENT	(check	all that apply)						
			☐ Othe	r (please identif				
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : ☑ Deposit Account Deposit Account Number: 502518 Deposit Account Name: Bingham McCutchen LLP								
I = , •	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee		•			rge fee(s) indicated b		ot for the filing fee	
		nal fee(s) or underpayme	ents of fee(dit any overpayments			
Under 37 C WARNING: Information on this	FR 1.16	and 1.17		. —			redit card	
information and authorization			aru miormi	mon snould not t	e nicialed on this lon	ii. Flovide Ci	- Cart Gard	
FEE CALCULATION							÷4.	
1. BASIC FILING, SEA						ON 5555		
	FILING	FEES Small Entity	SEARC	H FEES Small Entit	EXAMINATI tv Sm	ON FEES		
Application Type	Fee (\$		Fee(\$)	Fee(\$)		Fee(\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	*	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE	S					- /45	Small Entity	
Fee Description	udi- r P	aigayaa)		-		Fee (\$)	<u>Fee (\$)</u>	
	Each claim over 20 (including Reissues) 50 25 Each independent claim over 30 (including Reissues) 200 100							
Multiple dependent claim	zach merpendent etalin ever be (meraning recibere)							
Total Claims		Claims Fee(\$)	<u>F</u>	ee Paid (\$)			Dependent Claim	
20 or HP=		_ x	= _			<u>Fee (\$</u>) Fee Paid (
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3. APPLICATION SIZE F		, , g. 22.00	-					
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		2(e)), the application size			r small entity) for eac	ch additiona	al 50	
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4. OTHER FEE(S)		·	. ,		•		Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
		harge): Notice of Appea			of Time (Small Entity	Status)	760.00	
SUBMITTED BY	/	411						
Signature	WAITI	KT//cubll		Registration No. (Attorney/Agent)	34,202	Telephon	e / ¡(650) 849-4950	
	ette F. Kons	ski		(money/Agent)		Date.	3/28/05	
		1 136. The information is requi	red to obtain o	retain a benefit by th	e public which is to file (and		to process) an application.	

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